

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 30 1998 8:00am
Secretary of State

DOCUMENT # **P95000055128 (9)**

1. Corporation Name
FOUR LAKES, INC.



Principal Place of Business
**4121 INDIAN BAYOU NORTH
DESTIN FL 32541**

Mailing Address
**4121 INDIAN BAYOU NORTH
DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1995

4. FEI Number

59-3351875

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 **887 LEXINGTON Rd**

Suite, Apt. #, etc.

22

City & State

23 **PENSACOLA, FL**

Zip

24 **32514**

Country

25 **ESCAMBIA**

2a. Mailing Address

26 **887 Lexington Rd**

Suite, Apt. #, etc.

27

City & State

28 **PENSACOLA, FL**

Zip

29 **32514**

Country

30 **ESCAMBIA**

9. Name and Address of Current Registered Agent

**NEWMAN, RAYMOND F JR
150 EGLIN PARKWAY, NE
FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **DUKE, RICHARD**
STREET ADDRESS **4121 INDIAN BAYOU, NORTH**
CITY-STATE-ZIP **DESTIN FL 32541** **DECEASED**

TITLE **SD** ☒ DELETE

NAME **MAZO, DAVID R**
STREET ADDRESS **1820 HUNTING RIDGE ROAD**
CITY-STATE-ZIP **RALEIGH NC 27609**

TITLE **TD** ☐ DELETE

NAME **JAYNE, ROBERT K**
STREET ADDRESS **4827 DRODDY ST**
CITY-STATE-ZIP **HOUSTON TX**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☒ Addition

1.2 NAME **SMITH, LUGG**
1.3 STREET ADDRESS **LUGG, STEPHEN C.**
1.4 CITY-STATE-ZIP **887 LEXINGTON Rd**
PENSACOLA, FL 32514

2.1 TITLE **LUGG, Amy E.** ☒ Change ☐ Addition

2.2 NAME **887 LEXINGTON Rd**
2.3 STREET ADDRESS **PENSACOLA FL 32514**
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

AMY E. LUGG

23 S. 498 1001 478-1976

CR2E034 (5/98)